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ABSTRACT

After 50 grade school children witnessed a violent murder, group therapy and psychodrama sessions were initiated with the children, and parents and teachers were instructed in how to deal with the children's emotions and behavior. (CL)

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SAVAGERY, SHOW AND TELL

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It was one of those quiet easy going spring mornings when, on a neatly tree lined street in one of the Chicago western suburbs, violence exploded, leaving the scene overwhelmed by savagery, confusion and disbelief.

It was a young man, age 23, the youngest of four children, who confronted his 53 year old father with verbal abuse, followed with aggressive physical assault. His irresponsible thinking exploded to the point that the butcher knife that was in his hand was utilized as a weapon, and thrust into the body of his father. In utter disbelief, and experiencing the sudden rush of pain, the father, still in his pajamas, ran out of his elegant home, into the street crying for help, with his son in close pursuit. As the father tried to elude his pursuer, by dodging between parked cars and using the parkway trees as shields while pleading continually for assistance, his punctured body, weakened by the loss of blood, fell to the ground. His son, in continued rage, straddled him and began to methodically cut off his head. He had almost finished this gory act when, out of his spastic hysterical frustration, the

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butcher knife jammed and broke in the skeletal part of his father's neck.

By this time a police officer had arrived on the scene and, having had the foresight to radio for backup assistance, then kicked away the remaining part of the knife from the son's hand and began to wrest him from the body of his father. Super power surged through the son, and the officer had to struggle with all the strength and ingenuity he possessed to prevent the assailant from reaching his holstered gun. The officer suffered many human bites on his hand but succeeded in holding on to him until assistance arrived.

At the same time, two city employees, who were trimming a tree across the street, were stunned by fear and shock while witnessing this violent act. They felt as if they were caught in a dream, and could not move, or even utter a sound out of their paralyzed throats.

Besides the city workers, and other passing adults, there was another unique group that also observed this tragedy. Fifty grade school children, on their way home for lunch, were eye-witnesses to the violence. Their openness let them become curious as to what was happening and their naiveté prevented them from immediately comprehending the reality of it all. These grade school children (K through 6) had experienced the dying groans of an older man, the aggressive hateful words of a young person, the smell of electrified violence, the slashing of the knife and the gore of pulsating blood.

As they became more involved with their thoughts, and started putting the various pieces together, they became aware of what had happened only a few feet away from them. Shortly after the father-son confrontation of violence, the children began to sink deeper into their thinking, creating flashbacks, doubts, anger, disbelief, and anxiety as to their own feelings of impulse control and concern about the value of their own lives, and/or life in general.

The violence was over, the environmental surroundings momentarily stood still. Suddenly movement began again and the anguish of healing was about to begin.

The Coronor made his tentative determination regarding the father's death. The police took the young man into custody. The officer was taken to the local hospital for first aid. The city workers went back to their tasks. The fire department hosed down the street and all seemed to be back to normal.

What about the children?

Where do they go from here?

What can their parents anticipate for the months to come?

When will the psychological effects reach a peak, if ever?

These questions were not consciously anticipated during the incident, but within a few hours after the tragedy the perceptive grade school principal took positive action. He mobilized all of his teaching and behavioral staff for complete involvement with the students and their feelings.

The daily teaching assignments were put aside and all energy was used to deal with the effect on the children. The teachers separated their students into small groups. Every group had one member who witnessed the violence and the teacher extended herself as a consultant to her various groups, with the principal and behavioral staff as additional resources. By placing an eye-witness in each group, facts were easily dealt with on a realistic level, with the avoidence of misconceptions and unnecessary fantasies. As the members of each group began to feel comfortable with one another, play acting (psychodrama) was used to dramatize their feelings, and the use of drawing materials was used to pictorially illustrate their realistic concerns. This supportive setting encouraged the children to express themselves openly, and with the non-judgmental attitude of the teachers, animated feelings began to develop.

One immediate feeling that was observed was anger. "Wow! Just like T.V.!" "Did you see all the blood?" "I hate getting mad." "What makes people do that?" These were some of the early concerns of the children. The teachers were encouraged to keep the anger "out front", even though the students began to push at each other, throw things, and overall restlessness was experienced. Psychodrama, drawing, and the use of punching bags, kept the anger "out front", but in a non-destructive way. Dr. Haim Ginott's concept came alive, "All feelings are permitted, only actions are

limited. We must not deny a child's perceptions. Only after a child feels right, can he think right. Only after a child feels right, can he do right."

The teachers needed continued encouragement in order to maintain the anger as long as the children needed to express it. If the anger had not been expressed, depression would have intervened as an anesthetic for the anger. If depression had taken over, fear and guilt would have developed and the therapeutic process would have been traumatized.

To prevent this, anxiety was kept high and aggression became experiential, which created a wholesome emotional outlet, and developed complete openness and honesty. Both the teachers and the school administration needed support in their efforts, because of the tremendous psychological responsibility that had been thrust upon them. This responsibility created a concern, that they were not always certain they were doing the right thing. Therefore, supportive guidance was constantly given, in order to continue the process.

The parents were the next major concern. At the end of the second school day a note was given to each student encouraging their parents to attend an evening meeting in order to assist the families to continue the same therapeutic processes at home.

The meeting was well attended, and motivation was extremely positive. Parental anxiety was similar to that of the teachers, with one notable difference. Due to their understandable

subjectivity, the parents were confused about how they should cope with their children's frustrations. Because of their subjective parental concern, they were fearful of intervening too soon or too late, and losing their familial spontaneity. Due to the school's therapeutic intervention of keeping the anger "out front", the children were using the tragic experience to a manipulative advantage at home. This was illustrated by one parent: Her husband and son had words over some household chore, wherein the father sent the boy to his room for his disobedience. On the way to his bedroom the child turned around at the top of the stairs and, after he had both parents' attention, stated, "This is what makes sons hurt their fathers." This remark struck fear in the parents as to what they should do next. Had the tragedy not occurred, spontaneous parental intervention would not have been a problem. Now, however, there was family concern that they might have to go through the rest of their life weighing each word, and worrying about the emotional impact of each sentence.

Similar experiences and other symptoms were cited by other parents. Some of the symptoms noted were whinning, crying, mood swings, aggression, day dreaming (far away look), fear, hanging onto a parent, regressive behavior (thumb sucking, looking for their blanket or stuffed toy), physical discomfort (vomiting, head and stomach aches), and not wanting to return to school the next day.

At this point in the meeting, there was a need for strong, consistent, professional direction, to point the family emotions

towards realistic parental goals and spontaneous family decision making. First, the parents needed a realistic awareness of their potential as human beings possessing common sense and courage, and, more importantly, a clearer understanding of their role as a loving parental support system. Next, open conversation was encouaraged, and the complete expression of honest feelings was shared by all. The tragedy was not looked upon as a story, or an incident out of a T.V. program, or that actors were just acting for a movie in the streets. The experience was real, with real people behaving irresponsibly.

Honest expressions of feelings regarding anger, and the possibility of losing control were also shared. It was brought out that anger is a realistic feeling, and the children had to become aware that anger is experienced by all human beings. It was felt that honesty, realistic verbalization of the experience, open expression of feelings, associated with time would slowly reduce the flashback experiences for the children. As concerned parents, however, the children would have to be controlled from hurting and/or insulting other people.

Professional support minimized the childrens' manipulativeness that had the parents "hung up", and again encouraged the parents to feel more natural and more comfortable with their children. By "freeing up", the parents would be able to involve themselves spontaneously, with the least amount of fear of doing something emotionally destructive to their children. Parental awareness of the various symptoms would enable them to universalize the symptoms with their

children and point out that the child's classmates were also struggling with the same doubts, concerns, and discomforts.

Once this was resolved, parental confidence was restored and emotional equilibrium returned. The parents felt more at ease and objective, and better equipped to handle the symptoms their children were experiencing. As soon as the parental evening group felt comfortable, the teachers then presented their classroom observations. An overall feeling of togetherness prevailed, and the healing process, in concert with the school's effort, was beginning.

By this time in the group's involvement, the parents wanted more than just theory. Now, professional support supplied the parents with practical directions.

The first directive was that all trips and social obligations for the coming weekend should be cancelled, in order that familial closeness would be experienced during this initial time of doubt and confusion. Also, T.V. programs containing violence should be closely monitored by the family.

The next immediate directive was to get all the children back in school as quickly as possible. To make it easier on the children, some minor adjustments were made. For example, changing the route the child used going to and from school, and peer involvement wherein friends would meet at one home and as a form of mutual togetherness would walk to school as a group. Lastly, car rides were encouraged, but not for one parent and one child, but as a "Peer Car Pool." The car pools were to be temporary, and as the experience of the

tragedy desensitized, the children would return to their regular routine of "back to school as usual."

Another directive was to bring together all the parents who did not attend the meeting. Many fathers who were on business trips were able to adjust their schedules and returned home. Those parents who could not come in, communicated via conference phone conversations until there was a feeling of comfort and family solidarity.

A longer range directive was to cancel all summer camp programs for the children, and to substitute family vacations at any cost. The tragedy happened so close to the summer months, that family cohesiveness was encouraged to avoid regression and to assist in feathering away the flashbacks. Then with the start of the new academic year in September, any remaining symptoms and flashbacks would not affect the children's return to school.

Finally, the parents were directed to make full use of the behavioral consultants throughout the summer months, for support and/or intervention, as the need arose.

Through the swift and cooperative involvement of the teachers, administrators, consultants, and parents, the immediate emotions were kept out in front and realistically resolved, thereby assisting in the children's emotional and behavioral recovery.